



## Data Collection Worksheet

**Please Note:** The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

### EATING DISORDER EXAMINATION

(Edition 17.0D)

#### THE INTERVIEW SCHEDULE

#### ORIENTATION TO THE TIME PERIOD

**What we are going to do is a partially structured interview in which I will ask you about your eating habits and your feelings about your shape, and weight. Because a standard set of questions is going to be asked, please note that some may not apply to you.**

**Most of the questions focus on the past four weeks (that is, the last 28 days), but there will be some that extend out to cover the previous three months. I know this will test your memory because the weeks tend to blend together.**

**What I have done to help you is to make this calendar for the last 28 days [show the blank calendar - see Table 2]; it ends on yesterday because today is not over yet. So it goes from yesterday (day and date) to (day and date). I know it seems strange to have the weekends in the middle, but that is just the way it has worked out.**

**And here are the dates for the two months before that, (date) to (date). And to help you remember these periods, I have noted down the holidays (e.g., May Bank Holiday, Thanksgiving).**

**What I would like you to do now is tell me about any events that have happened in the past 28 days since this will help us discuss these four weeks. Have there been any events out of the ordinary ..... such as celebrations of any type, trips away or days off work? Then we can note these down on the calendar.**

[These should be noted on the calendar (see Table 2) thereby allowing the interviewer and participant to use it as an aide memoire.]

## INTRODUCTORY QUESTIONS

[Having oriented the participant to the specific time period being assessed, it is best to open the interview by asking a number of introductory questions designed to obtain a general picture of the participant's eating habits. Suitable questions are suggested below.]

**To begin with I should like to get a general picture of your eating habits over the last four weeks. What has been your usual eating pattern?**

**Have your eating habits varied much from day to day?**

**Have weekdays differed from weekends?**

[The definition (and number) of weekdays and weekend days that best fits the patient's lifestyle needs to be established at this point (e.g., check if the participant's days off work regularly fall on weekdays).]

**Have there been any days when you haven't eaten anything?**

[Ask about months 2 and 3]

**What about the previous two months (specify months) ..... Were your eating habits much the same or were they different?**

## PATTERN OF EATING

**\*I would like to ask about your pattern of eating. Over the past four weeks which of these meals or snacks have you eaten on a regular basis?**

- breakfast [ ]
- mid-morning snack [ ]
- lunch (mid-day meal) [ ]
- mid-afternoon snack [ ]
- evening meal [ ]
- evening snack [ ]

- nocturnal eating (i.e., an episode of eating after the participant has been [ ] to sleep)

[Rate each meal and snack separately, usually accepting the participant's classification (within the guidelines above). Ask about weekdays and weekends separately. Meals or snacks should be rated even if they lead on to a "binge". "Brunch" should generally be classed as lunch. With the exception of nocturnal eating, rate up (i.e., give a higher rating) if it is difficult to choose between two ratings. Rate 8 if meals or snacks are difficult to classify (e.g., due to shift work).]

0 [ ] - Meal or snack not eaten

1 [ ] - Meal or snack eaten on 1 to 5 days

2 [ ] - Meal or snack eaten on less than half the days (6 to 12 days)

3 [ ] - Meal or snack eaten on half the days (13 to 15 days)

4 [ ] - Meal or snack eaten on more than half the days (16 to 22 days)

5 [ ] - Meal or snack eaten almost every day (23 to 27 days)

6 [ ] - Meal or snack eaten every day

[If participants report having had episodes of nocturnal eating, ask about their level of awareness (alertness) at the time and their recall of the episodes afterwards.]

**When you ate ..... how awake were you and how well could you recall the episode the next day?**

0 [ ] - no nocturnal eating

1 [ ] - nocturnal eating with no impairment of awareness (alertness) or recall

2 [ ] - nocturnal eating with impairment of awareness (alertness) or recall

[ ]

### **PICKING (NIBBLING)**

**\*Over the past four weeks have you picked at (nibbled) food between meals and snacks. By "picking" (nibbling) I mean eating in an unplanned and repetitious way.**

**What about when cooking?**

**What have you typically eaten at these times? \_\_\_\_\_**

Why would you not call these episodes snacks? \_\_\_\_\_

Have you known in advance how much you were going to eat? \_\_\_\_\_

[Rate the number of days on which picking (nibbling) has occurred. To count as picking (or nibbling) the episode of eating should have been unplanned, the amount eaten should have been uncertain at the time that the episode started, and the eating should have had a repetitious element to it. Typically what is eaten is incomplete (i.e., it constitutes part of something or a less-than-usual amount), but the total amount consumed should not have been minute (e.g., not simply one edge of a piece of toast). In general, participants themselves should view the episodes as examples of "picking" ("nibbling").

Picking (nibbling) may be contrasted with eating a "snack". A snack is an episode of eating in which the amount eaten was modest (smaller than a meal), known at the outset with some certainty, and did not have the repetitious element associated with picking. Episodes of picking which merge into snacks, meals or "binges" should not be rated. The rating of picking may require the re-rating of snacks.]

0 [ ] - No picking (nibbling)

1 [ ] - Picking (nibbling) on 1 to 5 days

2 [ ] - Picking (nibbling) on less than half the days (6 to 12 days)

3 [ ] - Picking (nibbling) on half the days (13 to 15 days)

4 [ ] - Picking (nibbling) on more than half the days (16 to 22 days)

5 [ ] - Picking (nibbling) almost every day (23 to 27 days)

6 [ ] - Picking (nibbling) every day

[ ]

### RESTRAINT OVER EATING (Restraint subscales)

**\*Over the past four weeks have you been consciously trying to restrict (cut back) the overall amount that you eat, whether or not you have succeeded?**

**What have you been trying to do?**

**Has this been to influence your shape or weight, or to avoid triggering an episode of overeating?**

[Rate the number of days on which the participant has *consciously attempted* to restrict his or her *overall* food intake (i.e., energy intake), whether or not he or she has succeeded. The restriction should have affected a *range of food items* and not just certain specific foods (c.f., "Food avoidance"). This restriction should have

been intended either to influence shape, weight or body composition, or to avoid triggering an episode of overeating, although this may not have been the sole or main reason. It should have consisted of planned attempts at restriction, rather than spur-of-the-moment attempts such as the decision to resist a second helping.]

0 [ ] - No attempt at restraint

1 [ ] - Attempted to exercise restraint on 1 to 5 days

2 [ ] - Attempted to exercise restraint on less than half the days (6 to 12 days)

3 [ ] - Attempted to exercise restraint on half the days (13 to 15 days)

4 [ ] - Attempted to exercise restraint on more than half the days (16 to 22 days)

5 [ ] - Attempted to exercise restraint almost every day (23 to 27 days)

6 [ ] - Attempted to exercise restraint every day

[ ]

**Some people consciously try to restrict their eating for another reason - to give them a sense of being in control - of being in control in general.**

**Over the past four weeks has this applied to you?**

[Rate again only taking this reason into account.]

[ ]

[Also rate number of days on which one or other, or both, of these reasons has applied.]

[ ]

### **AVOIDANCE OF EATING (Restraint subscales)**

**\*Over the past four weeks have you gone for periods of eight or more waking hours without eating anything?**

**Has this been to influence your shape or weight, or to avoid triggering an episode of overeating?**

[Rate the number of days on which there has been at least eight hours abstinence from eating food (soup and milkshakes count as food, whereas drinks in general do not) during waking hours. It may be helpful to illustrate the length of time (e.g., 9 a.m. to 5 p.m.). The abstinence must have been at least partly *self-imposed* rather than being due to force of circumstances. It should have been intended to

influence shape, weight or body composition, or to avoid triggering an episode of overeating, although this may not have been the sole or main reason (i.e., fasting for religious or political reasons would not count). Note that the rating should be consistent with those made earlier for "Pattern of eating".]

0 [ ] - No such days

1 [ ] - Avoidance on 1 to 5 days

2 [ ] - Avoidance on less than half the days (6 to 12 days)

3 [ ] - Avoidance on half the days (13 to 15 days)

4 [ ] - Avoidance on more than half the days (16 to 22 days)

5 [ ] - Avoidance almost every day (23 to 27 days)

6 [ ] - Avoidance every day

[ ]

**Some people avoid eating in this way ..... for eight or more waking hours ..... for another reason - to give them a sense of being in control - of being in control in general.**

**Over the past four weeks has this applied to you?**

[Rate again only taking this reason into account.]

[ ]

[Also rate number of days on which one or other, or both, of these reasons has applied.]

[ ]

### **EMPTY STOMACH (Restraint subscales)**

**\*Over the past four weeks have you wanted your stomach to be empty?**

**Has this been to influence your shape or weight, or to avoid triggering an episode of overeating?**

[Rate the number of days on which the participant has had a *definite desire* to have a completely empty stomach for reasons to do with dieting, shape or weight. This desire should not simply be a response to episodes of perceived overeating; rather, it should exist between any such episodes. The rating of "Empty stomach" should not be confused with a desire for the stomach to *feel empty* or *be flat* (c.f., "Flat stomach".)]

- 0 [ ] - No definite desire to have an empty stomach
- 1 [ ] - Definite desire on 1 to 5 days
- 2 [ ] - Definite desire on less than half the days (6 to 12 days)
- 3 [ ] - Definite desire on half the days (13 to 15 days)
- 4 [ ] - Definite desire on more than half the days (16 to 22 days)
- 5 [ ] - Definite desire almost every day (23 to 27 days)
- 6 [ ] - Definite desire every day

[ ]

**Some people want to have an empty stomach for another reason - to give them a sense of being in control - of being in control in general.**

**Over the past four weeks has this applied to you?**

[Rate again only taking this reason into account.]

[ ]

[Also rate number of days on which one or other, or both, of these reasons has applied.]

[ ]

### **FOOD AVOIDANCE (Restraint subscales)**

**\*Over the past four weeks have you tried to avoid eating any foods which you like, whether or not you have succeeded?**

**What foods? Have you been attempting to exclude them altogether?**

**Has this been to influence your shape or weight, or to avoid triggering an episode of overeating?**

[Rate the number of days on which the participant has *actively attempted to avoid eating specific foods* (which he or she likes, or has liked in the past) whether or not he or she succeeded. The goal should have been to *exclude the foods altogether* and not merely to restrict their consumption. Drinks do not count as food. The avoidance should have been planned and intended either to influence shape, weight or body composition, or to avoid triggering an episode of overeating, although this may not have been the sole or main reason.]

- 0 [ ] - No attempts to avoid foods

- 1 [ ] - Attempted to avoid foods on 1 to 5 days
- 2 [ ] - Attempted to avoid foods on less than half the days (6 to 12 days)
- 3 [ ] - Attempted to avoid foods on half the days (13 to 15 days)
- 4 [ ] - Attempted to avoid foods on more than half the days (16 to 22 days)
- 5 [ ] - Attempted to avoid foods almost every day (23 to 27 days)
- 6 [ ] - Attempted to avoid foods every day

[ ]

**Some people avoid eating certain foods for another reason - to give them a sense of being in control - of being in control in general.**

**Over the past four weeks has this applied to you?**

[Rate again only taking this reason into account.]

[ ]

[Also rate number of days on which one or other, or both, of these reasons has applied.]

[ ]

### **DIETARY RULES (Restraint subscales)**

**\*Over the past four weeks have you tried to follow certain definite rules regarding your eating; for example, a calorie limit, pre-set quantities of food, or rules about what you should - or should not - eat, or when you should eat? What have you been trying to do?**

If answered negatively:

**Have there been occasions when you have been aware that you may have broken a dietary rule that you have set for yourself?**

**Have these rules been designed to influence your shape or weight, or to avoid triggering an episode of overeating?**

**Have they been definite rules or general guidelines? Examples of definite rules would be "I must not eat eggs" or "I must not eat cake", whereas you could have the general guideline "I should try to eat healthy food".**

[Dietary rules should be rated as present if the participant has been attempting to follow "definite" (i.e., specific) dietary rules regarding his or her food intake. The rules should be self-imposed, although originally they may have been prescribed (i.e., prescribed rules can be rated if they have been adopted by the participant).



They should have concerned what the participant should have eaten or when eating should have taken place. They might consist of a calorie limit (e.g., below 1,200 kcals), not eating before a certain time of day, not eating specific foods (c.f., "Food avoidance") or not eating at all. They should have been specific rules and not general guidelines. If the participant is aware that he or she has occasionally broken a personal dietary rule, this indicates that one or more specific rules has been present. In such cases the interviewer should ask in detail about the transgression in an attempt to identify the underlying rule. The rules should have been intended to influence shape, weight or body composition, although this may not have been the sole or main reason. Rate 0 if no dietary rule can be identified. If there has been more than one rule straddling different time periods within the four weeks, these periods should be combined to make the rating.]

- 0 [ ] - Has not attempted to obey such rules
- 1 [ ] - Attempted to obey such rules on 1 to 5 days
- 2 [ ] - Attempted to obey such rules on less than half the days (6 to 12 days)
- 3 [ ] - Attempted to obey such rules on half the days (13 to 15 days)
- 4 [ ] - Attempted to obey such rules on more than half the days (16 to 22 days)
- 5 [ ] - Attempted to obey such rules almost every day (23 to 27 days)
- 6 [ ] - Attempted to obey such rules every day

[ ]

**Some people attempt to follow dietary rules for another reason - to give them a sense of being in control - of being in control in general. Over the past four weeks has this applied to you?**

[Rate again only taking this reason into account.]

[ ]

[Also rate number of days on which one or other, or both, of these reasons has applied.]

[ ]

### **PREOCCUPATION WITH FOOD, EATING, OR CALORIES (Eating Concern subscale)**

**\*Over the past four weeks have you spent much time between meals thinking about food, eating, or calories?.....**

**\*..... Has thinking about food, eating, or calories interfered with your ability to**

**concentrate on things that you are actively engaged in, for example, working, following a conversation or reading? What has it affected?**

[This definition of preoccupation requires the presence of concentration impairment. Concentration is regarded as impaired if there have been *intrusive thoughts about food, eating, or calories which have interfered with activities one is actively engaged in* rather than one's mind simply drifting off the matter at hand. Rate the number of days on which this has happened, whether or not bulimic episodes occurred.]

- 0 [ ] - No concentration impairment
- 1 [ ] - Concentration impairment on 1 to 5 days
- 2 [ ] - Concentration impairment on less than half the days (6 to 12 days)
- 3 [ ] - Concentration impairment on half the days (13 to 15 days)
- 4 [ ] - Concentration impairment on more than half the days (16 to 22 days)
- 5 [ ] - Concentration impairment almost every day (23 to 27 days)
- 6 [ ] - Concentration impairment every day

[ ]

### **FEAR OF LOSING CONTROL OVER EATING (Eating Concern subscale)**

**\*Over the past four weeks have you been afraid of losing control over eating?**

[Rate the number of days on which a *definite fear* (common usage) of losing control over eating has been present, irrespective of whether the participant has felt he or she has been in control. "*Loss of control*" involves a sense that one will not be able to resist or stop eating. If the participant feels unable to answer this question because he or she has already totally lost control, rate 9.]

- 0 [ ] - No fear of losing control over eating
- 1 [ ] - Fear of losing control over eating present on 1 to 5 days
- 2 [ ] - Fear of losing control over eating present on less than half the days (6 to 12 days)
- 3 [ ] - Fear of losing control over eating present on half the days (13 to 15 days)
- 4 [ ] - Fear of losing control over eating present on more than half the days (16 to 22 days)
- 5 [ ] - Fear of losing control over eating present almost every day (23 to 27 days)
- 6 [ ] - Fear of losing control over eating present every day

## BULIMIC EPISODES AND OTHER EPISODES OF OVEREATING (Diagnostic item)

### Classificatory Scheme

Four forms of episodic "overeating" are distinguished. The distinction is based upon the presence or absence of two characteristics:

- i) **loss of control** (required for both types of "bulimic episode")
- ii) **the consumption of what would generally be regarded as a "large" amount of food** (required for "objective bulimic episodes" and "objective overeating").

The classificatory scheme is summarised below.

	"Large" amount eaten (EDE definition)	Amount eaten not "large" but viewed by participant as excessive
"Loss of control" present	Objective bulimic episodes	Subjective bulimic episodes
No "loss of control"	Objective overeating	Subjective overeating

### Guidelines for Proceeding Through the Overeating Section

The interviewer should ask about each form of overeating. It is important to note that the *four forms of overeating are not mutually exclusive*: it is possible for participants to have had several different forms within the time period being considered. With some participants it is helpful to explain the classificatory scheme.

There are five steps in making this series of ratings:

1. In general it is best to start by asking the asterisked questions to identify the various types of perceived or true overeating that have occurred over the previous 28 days.
2. Each form should be noted down on the blank section of the coding sheet.

3. Then, detailed information should be obtained about a representative example of each form of overeating to decide whether or not it involved eating a "large" amount of food and whether or not there was "loss of control" (as defined below).
4. The next task is to establish for each form of overeating the number of days on which it occurred and the total number of occasions. Where there is possibility of overlap (i.e., two types of episode may have occurred on the same day, this should be clarified since this will affect the "days" ratings).
5. Finally, check with the participant to ensure that no misunderstandings have arisen (e.g., that no types of episode have been omitted).

It is advisable to make comprehensive notes.

### **Definition of Key Terms**

**"Loss of control"**. The interviewer should ask the participant whether he or she experienced a sense of loss of control over eating at any point in the episode. If this is clearly described, "Loss of control" should be rated as present. Similarly, if the participant describes having felt "driven" or "compelled" to eat, "Loss of control" should be rated as present.

If the participant reports having had no sense of loss of control yet describes having felt unable to stop eating once eating had started or having felt unable to prevent the episode from occurring, "Loss of control" should be rated as present. If participants report that they are no longer trying to control their eating because overeating is inevitable, "Loss of control" should once again be rated as present. Thus "Loss of control" may be rated positively even if the episode had been planned (i.e., the participant knew that he or she was going to overeat and had made provision for this).

The decision whether or not "loss of control" was present should be made by the interviewer; it does not require the agreement of the participant. If the interviewer remains in doubt, "Loss of control" should be rated as absent.

**"Large amount of food"**. The decision whether or not the amount eaten was "large" should also be made by the interviewer; it does not require the agreement of the participant. The notion of "large" may refer to the amount of any particular type of food consumed or the overall quantity of food eaten. The amount should have been unequivocally large but it does not have to have been enormous. In deciding whether the amount was "large", *the interviewer must take into account what would be the usual amount eaten under the circumstances*. This requires

some knowledge of the eating habits of the participant's general, but not necessarily immediate, social group (e.g., those of female students, women in their 50s) as well as circumstances that tend to influence eating (e.g., Thanksgiving Day, Christmas Day). What else was eaten during the day is not taken into account when making this rating, nor is the speed of eating or whether or not the participant subsequently spat out or vomited the food.

If the interviewer remains in doubt, the amount should not be classified as "large".

Interviewers should not share with the patient their view on the amount eaten and they should avoid using potentially emotive terms such as "binge" and "large".

**The number of episodes of overeating.** When calculating the number of episodes of overeating, the participant's definition of separate episodes should be accepted unless, within a period of eating, there was an hour or more when the participant was not eating. In this case the initial episode should be regarded as having been completed. An exception is if the episode was temporarily interrupted by an outside event and then restarted afterwards, and it was experienced as one single episode (somewhat like operating the pause button on a recorder). When estimating the length of any gap, do not count the time spent vomiting. *Note that "purging" (self-induced vomiting or laxative misuse) is not used to define the end of individual episodes of overeating.*

## **QUESTIONS FOR IDENTIFYING BULIMIC EPISODES AND OTHER EPISODES OF OVEREATING**

[See preceding section "Guidelines for Proceeding Through the Overeating Section". The asterisked questions should be asked in every case.]

**Main Probe Questions** (to get the overall picture)

**\*I would like to ask you about any episodes of overeating, or loss of control over eating, that you might have had over the past four weeks.**

**\*Different people mean different things by overeating. I would like you to describe any times when you have felt that you have eaten, or might have eaten, too much at one time.**

**\*And any times you have felt you have lost control over eating?**

**Additional Probe Questions**

**\*Have there been any times when you have felt that you have eaten too much, but others might not agree?**

**\*Have there been any times when you have felt that you have eaten an**

**ordinary amount of food but others might have regarded you as having overeaten?**

[N.B. For subjective bulimic episodes to be eligible, they must have been viewed by the participant as having involved eating an excessive amount of food (i.e., they involved "overeating").]

**Subsidiary Probe Questions** (to classify any episodes of overeating)

To assess the amount of food eaten:

**Typically what have you eaten at these times?**

For subjective bulimic episodes (i.e., where the amount is not viewed by the interviewer as "large")

**Did you view this amount as excessive?**

To assess the social context:

**What were the circumstances?**

**What were others eating at the time?**

To assess "loss of control":

**Did you have a sense of loss of control at the time?**

**Did you feel you could have stopped eating once you had started?**

**Did you feel you could you have prevented the episode from starting?**

[For objective bulimic episodes, subjective bulimic episodes and episodes of objective overeating the following two ratings should be made:

i) number of days (rate 00 if none)

ii) number of episodes (rate 000 if none)

In general, it is best to calculate the number of days first and then the number of episodes. Rate 777 if the number of episodes is so great that their frequency cannot be calculated. Episodes of subjective overeating are not rated.]

Objective bulimic episodes

days - month 2 [ ][ ]

month 3 [ ][ ]

episodes - month 2 [ ][ ][ ]

month 3 [ ][ ][ ]

Subjective bulimic episodes

days - month 2 [ ][ ]

month 3 [ ][ ]

episodes - month 2 [ ][ ][ ]

month 3 [ ][ ]

[Ask about each of the preceding two months referring back to the relevant dates and any events of note. For objective and subjective bulimic episodes, rate the number of episodes over the preceding two months and the number of days on which they occurred. Rate 0s if none and 9s if not asked.]

Objective bulimic episodes

days - month 2 [ ][ ]

month 3 [ ][ ]

episodes - month 2 [ ][ ][ ]

month 3 [ ][ ][ ]

Subjective bulimic episodes

days - month 2 [ ][ ]

month 3 [ ][ ]

episodes - month 2 [ ][ ][ ]

month 3 [ ][ ][ ]

[Also rate the longest continuous period in weeks free (not due to force of circumstances) from objective bulimic episodes over the past three months. Rate 99 if not applicable.]

[ ][ ]

### **BINGE EATING DISORDER MODULE (Diagnostic items)**

[Only enter this module if a least 12 objective bulimic episodes have been present over the preceding 12 weeks. Otherwise rate 9. Use a respondent-based interviewing style, rather than the investigator-based style of the EDE.]

#### **Features Associated with Binge Eating**

**During these episodes** (refer to objective bulimic episodes that are representative of those over the past three months), **have you typically .....**

**... Eaten much more rapidly than normal?**

[ ]

**... Eaten until you have felt uncomfortably full?**

[ ]

**... Eaten large amounts of food when you haven't felt physically hungry?**

[ ]

**... Eaten alone because you have felt embarrassed about how much you were**

eating?

[ ]

... Felt disgusted with yourself, depressed, or very guilty?

[ ]

[Rate each feature individually using the binary scheme below.]

0 [ ] - Feature not present

1 [ ] - Feature present

### **Distress about Binge Eating**

**In general, over the past three months how distressed or upset have you felt about these episodes** (refer to objective bulimic episodes that are representative of those over the past three months)?

[Rate the presence of marked distress about the binge eating. This may stem from the actual behaviour itself or its potential effect on body shape and weight.]

0 [ ] - No marked distress

1 [ ] - Marked

[ ]

## **RETURN TO EDE STYLE OF QUESTIONING**

### **DIETARY RESTRICTION OUTSIDE BULIMIC EPISODES (Diagnostic item)**

[Only rate this item if there have been at least 12 objective bulimic episodes over the past three months.]

**Outside the times when you have lost control over eating ..... (refer to objective and subjective bulimic episodes), ..... how much have you been actually restricting (limiting) the amount that you eat? What have you eaten on a typical day?**

**Has this been to influence your shape or weight?**

[Ask about actual food intake outside the objective and subjective bulimic episodes. *Rate a typical day (whether or not it involves an episode of overeating).* The dietary restriction should have been intended to influence shape, weight or body composition, although this may not have been the sole or main reason. Rate each of the past three months separately. Rate 9 if not asked.]



- 0 [ ] - No extreme restriction outside objective and subjective bulimic episodes
- 1 [ ] - Extreme restriction outside objective and subjective bulimic episodes (i.e., purposeful low energy intake (e.g., <1,200 kcals))
- 2 [ ] - No eating outside objective and subjective bulimic episodes (i.e., purposeful "fasting")

month 1 [ ]

month 2 [ ]

month 3 [ ]

### **SOCIAL EATING (Eating Concern subscale)**

**\*Outside the times when ..... (refer to any objective bulimic episodes and episodes of objective overeating), over the past four weeks have you been concerned about other people seeing you eat?**

**How concerned have you been? Has this concern led you to avoid such occasions? Could it have been worse?**

[NB: This is the first severity item. Rate the degree of concern about eating normal or less than normal amounts of food in front of others. *Do not consider objective bulimic episodes or episodes of objective overeating.* Also, do not consider concern restricted to family members who are aware that the participant has an eating problem. On the other hand the concern can stem from idiosyncratic eating habits (e.g., very slow eating; eating fewer courses than others; eating different types of food) or allied behaviour such as indecision when ordering in a restaurant. One index of the severity of such concern is whether it has led to avoidance. In common with all severity items, the rating should generally represent the *mode for the entire month*. If the possibility of eating with others has not arisen, rate 9.]

- 0 [ ] - No concern about being seen eating by others and no avoidance of such occasions.
- 1 [ ] -
- 2 [ ] - Has felt slight concern at being seen eating by others
- 3 [ ] -
- 4 [ ] - Has felt definite concern at being seen eating by others
- 5 [ ] -
- 6 [ ] - Has felt extreme concern at being seen eating by others

## EATING IN SECRET (Eating Concern subscale)

**\*Outside the times when .....** (refer to any objective bulimic episodes and episodes of objective overeating), **over the past four weeks have you eaten in secret?**

[Rate the number of days on which there has been at least one episode of secret eating. *Do not consider objective bulimic episodes or episodes of objective overeating.* Secret eating refers to eating which is furtive and which the participant wishes to conceal because he or she does not want to be seen eating (i.e., it is not simply eating alone). Do not rate secrecy that stems from a desire not to be interrupted or a wish not to share food. Sensitivity about eating in front of others will have been rated under "Social eating" but it can result in eating in secret. If the possibility of eating with others has not arisen, rate 9.]

0 [ ] - Has not eaten in secret

1 [ ] - Has eaten in secret on 1 to 5 days

2 [ ] - Has eaten in secret on less than half the days (6 to 12 days)

3 [ ] - Has eaten in secret on half the days (13 to 15 days)

4 [ ] - Has eaten in secret on more than half the days (16 to 22 days)

5 [ ] - Has eaten in secret almost every day (23 to 27 days)

6 [ ] - Has eaten in secret every day

[ ]

## GUILT ABOUT EATING (Eating Concern subscale)

**\*Outside the times when .....** (refer to any objective and subjective bulimic episodes), **over the past four weeks have you felt guilty after eating?**

**Have you felt that you have done something wrong? Why?**

**On what proportion of the times that you have eaten have you felt guilty?**

[NB: This rating is based on occasions. Rate the *proportion of times* that feelings of guilt have followed eating. *Do not consider objective or subjective bulimic episodes*, but do consider other episodes of overeating. These feelings of guilt should relate to the effects of eating on shape, weight or body composition. *Distinguish guilt from regret*: guilt refers to a feeling that one has done wrong.]

0 [ ] - No guilt after eating

1 [ ] -

2 [ ] - Has felt guilty after eating on less than half the *occasions*

3 [ ] -

4 [ ] - Has felt guilty after eating on more than half the *occasions*

5 [ ] -

6 [ ] - Has felt guilty after eating on every *occasion*

[ ]

### SELF-INDUCED VOMITING (Diagnostic item)

**\*Over the past four weeks have you made yourself sick as a means of controlling your shape or weight?**

[Rate the number of discrete episodes of self-induced vomiting. If the participant denies that the vomiting is under his or her control, determine whether it has the characteristics that would be expected were it not self-induced (e.g., unpredictability, occurrence in public). If the available evidence suggests that the vomiting is under the participant's control (i.e., it is self-induced), then rate it as such. Accept the participant's definition of an episode. Rate 777 if the number of episodes is so great that it cannot be calculated. Rate 000 if no vomiting.]

[ ] [ ] [ ] [ ]

**Outside the times when ..... (refer to objective and subjective bulimic episodes), over the past four weeks how many times have you made yourself sick as a means of controlling your shape or weight?**

[Rate the number of episodes of "non-compensatory" self-induced vomiting. Accept the participant's definition of an episode. Rate 000 if no vomiting.]

[ ] [ ] [ ] [ ]

[Ask about the preceding two months. Estimate the number of discrete episodes of self-induced vomiting over each of the two preceding months.]

month 2 [ ] [ ] [ ] [ ]

month 3 [ ] [ ] [ ] [ ]

### LAXATIVE MISUSE (Diagnostic item)

**\*Over the past four weeks have you taken laxatives as a means of controlling your shape or weight?**

[Rate the number of episodes of laxative-taking as a means of controlling shape,

weight or body composition. This should have been the *main* reason for the laxative-taking, although it may not have been the sole reason. Only rate the taking of substances with a true laxative effect. Rate 00 if there was no laxative use or there is doubt whether the laxative-taking was primarily to influence shape, weight or body composition.]

[ ] [ ] [ ] [ ]

[Rate the average number of laxatives taken on each occasion. Rate 999 if not applicable. Rate 777 if not quantifiable, e.g., use of bran.]

[ ] [ ] [ ] [ ]

[Note the type of laxative taken.]

**Outside the times when ..... (refer to objective and subjective bulimic episodes), over the past four weeks how many times have you taken laxatives as a means of controlling your shape or weight? ?**

[Rate the number of episodes of "non-compensatory" laxative misuse. Accept the participant's definition of an episode. Rate 000 if no laxative misuse.]

[ ] [ ] [ ] [ ]

[Ask about the preceding two months. Estimate the number of episodes of laxative misuse over each of the two preceding months.]

month 2 [ ] [ ] [ ] [ ]

month 3 [ ] [ ] [ ] [ ]

### **DIURETIC MISUSE (Diagnostic item)**

**\*Over the past four weeks have you taken diuretics as a means of controlling your shape or weight?**

[Rate the number of episodes of diuretic-taking as a means of controlling shape, weight or body composition. This should have been the *main* reason for the diuretic-taking, although it may not have been the sole reason. Only rate the taking of substances with a true diuretic effect. Rate 00 if there was no diuretic use or there is doubt whether the diuretic-taking was primarily to influence shape, weight or body composition.]

[ ] [ ] [ ] [ ]

[Rate the average number of diuretic taken on each occasion. Rate 999 if not applicable.]

[ ] [ ] [ ] [ ]

[Note the type of diuretic taken.]

**Outside the times when ..... (refer to objective and subjective bulimic episodes), over the past four weeks how many times have you taken diuretics as a means of controlling your shape or weight? ?**

[Rate the number of episodes of "non-compensatory" diuretic misuse. Accept the participant's definition of an episode. Rate 000 if no diuretic misuse.]

[ ] [ ] [ ] [ ]

[Ask about the preceding two months. Estimate the number of episodes of diuretic misuse over each of the two preceding months..]

month 2 [ ] [ ] [ ] [ ]

month 3 [ ] [ ] [ ] [ ]

### **DRIVEN EXERCISING (Diagnostic item)**

**\*Over the past four weeks have you exercised as a means of controlling your weight, altering your shape or amount of fat, or burning off calories?**

**\*Have you felt driven or compelled to exercise?**

**Typically, what form of exercise have you taken? How hard have you exercised? Have you pushed yourself?**

**Have you exercised even when it might interfere with other commitments or do you harm?**

**Have there been times when you have been unable to exercise for any reason? How has this made you feel?**

[Rate the number of days on which the participant has engaged in "driven" exercising. Such exercising should have been intense in character and have had a "compulsive" quality to it. The participant may describe having felt compelled to exercise. Other indices of this compulsive quality are exercising to the extent that it significantly interferes with day-to-day functioning (e.g. such that it prevents attendance at social commitments or it intrudes on work or exercising when it might do one harm (e.g., when possibly injured). Another suggestive feature is having a strong negative reaction to being unable to exercise. Only rate driven exercising that was *predominantly* intended to use calories or change shape, weight, or body composition. Exercising that was exclusively intended to enhance health or fitness should not be rated. Rate 00 if no such driven exercising.]

[Rate the *average* amount of time (in minutes) per day spent exercising in this way. Only consider days on which the participant has exercised. Rate 999 if no such exercising.]

[][][]

[Ask about the preceding two months. Rate the number of days on which the participant has exercised in this manner over each of the two preceding months. If not asked, rate 99.]

month 2 [ ] [ ] [ ]

month 3 [ ] [ ] [ ]

**OTHER EXTREME WEIGHT-CONTROL BEHAVIOUR (Diagnostic item)**

**\*Over the past four weeks have you done anything else to control your shape or weight?**

[Rate other noteworthy (i.e., potentially effective) dysfunctional forms of weight-control behaviour (e.g., spitting, insulin under-use, thyroid medication misuse). Rate number of days and nature of the behaviour. Rate 99 if no such behaviour.]

month 1 [ ] [ ] [ ]

month 2 [ ] [ ] [ ]

month 3 [ ] [ ] [ ]

**PERIODS OF ABSENCE OF EXTREME WEIGHT-CONTROL BEHAVIOUR**

[Only ask this question if at least one of the five main methods of weight-control behaviour has been rated positively at the specified severity level over the past three months (see the section on "Eating disorder diagnoses"). The five forms of behaviour are as follows:

- fasting (rating of 1 or 2 on Dietary restriction outside bulimic episodes)
- self-induced vomiting (on average at least once a week)
- laxative misuse (on average at least once a week)
- diuretic misuse (on average at least once a week)
- driven exercise (on average at least one day a week)

**Over the past three months has there been a period of two or more weeks when you have not .....**

[Ask as for individual items. Ascertain the number of consecutive weeks over the

past three months "free" (i.e., not above threshold levels) from all five forms of extreme weight-control behaviour. Do not rate abstinence due to force of circumstance. Rate 99 if not applicable.]

[ ] [ ] [ ] [ ]

I am now going to ask you some questions about your shape and weight .....

### DISSATISFACTION WITH WEIGHT (Weight Concern subscale)

**\*Over the past four weeks have you been dissatisfied with your weight (..... the number on the scale)? What has this been like?**

**Why have you been dissatisfied with your weight? Have you been so dissatisfied that it has made you unhappy? Could you have felt worse? How long has this feeling lasted?**

[Only rate dissatisfaction due to weight being regarded as too high. Assess the participant's attitude to his or her weight and rate accordingly. In common with all severity items, the rating should generally represent the *mode for the entire month*. Only rate 4, 5 or 6, if there has been distress. Do not prompt with the terms "slight", "moderate" or "marked". This rating can be made with participants who do not know their exact weight. Only rate 9 with participants who are totally unaware of their weight.]

0 [ ] - No dissatisfaction

1 [ ] -

2 [ ] - Slight dissatisfaction (no associated distress)

3 [ ] -

4 [ ] - Moderate dissatisfaction (some associated distress)

5 [ ] -

6 [ ] - Marked dissatisfaction (extreme concern and distress; weight totally unacceptable)

[ ]

### DESIRE TO LOSE WEIGHT (Weight Concern subscale)

**\*Over the past four weeks have you wanted to weigh less (again I am referring to the number on the scale)?**

**Have you had a strong desire to lose weight?**

[Rate the number of days on which there has been a *strong desire* to lose weight. This rating can be made with participants who do not know their exact weight. Only rate 9 with participants who are totally unaware of their weight.]

- 0 [ ] - No strong desire to lose weight
- 1 [ ] - Strong desire on 1 to 5 days
- 2 [ ] - Strong desire on less than half the days (6 to 12 days)
- 3 [ ] - Strong desire on half the days (13 to 15 days)
- 4 [ ] - Strong desire on more than half the days (16 to 22 days)
- 5 [ ] - Strong desire almost every day (23 to 27 days)
- 6 [ ] - Strong desire every day

[ ]

## DESIRED WEIGHT

**\*On average, over the past month what weight have you wanted to be?**

[Rate weight in kilograms. Rate 888 if the participant is not interested in his or her weight. Rate 777 if no specific weight would be low enough. Rate 666 if the participant is primarily interested in his or her shape but has some concern about weight (but not a specific weight). Rate 555 if cannot be rated.]

[ ] [ ] [ ] [ ]

## WEIGHING

**\*Over the past four weeks how often have you weighed yourself?**

[Calculate the approximate frequency that the participant has weighed himself or herself. If the participant has not weighed himself or herself determine whether this is the result of avoidance. Rate 777 if it is due to avoidance.]

[ ] [ ] [ ] [ ]

## REACTION TO PRESCRIBED WEIGHING (Weight Concern subscale)

**\*Over the past four weeks how would you have felt if you had been asked to weigh yourself once each week for the subsequent four weeks ..... just once a week; no more often and no less often?**

[Rate the strength of negative reaction to the prospect of having to weigh once weekly (no more often, no less often) over the subsequent four weeks. This



assumes that the participant would thereby be made aware of his or her weight. Positive reactions should be rated 9. In common with all severity items, the rating should generally represent the *mode for the entire month*. Ask the participant to describe in detail how he or she would have reacted and rate accordingly. Check whether other aspects of the participant's life would have been influenced. Do not prompt with the terms "slight", "moderate" or "marked". If the participant would not have complied with such weighing because it would have been extremely disturbing, rate 6.]

0 [ ] - No reaction

1 [ ] -

2 [ ] - Slight reaction

3 [ ] -

4 [ ] - Moderate reaction (definite reaction, but manageable)

5 [ ] -

6 [ ] - Marked reaction (pronounced reaction which would affect other aspects of the participant's life)

[ ]

## **SENSITIVITY TO WEIGHT GAIN**

**\*Over the past four weeks what amount of weight gain, over a period of one week, would have definitely upset you?**

[Ascertain what weight gain (from the participant's average weight over the past four weeks) would have led to a *marked negative reaction*. Check several numbers. Be particularly careful to code the number correctly. This should represent the average degree of sensitivity for the entire month.]

0 [ ] - 7 lb or 3.5 kg (or more) would have generated a marked negative reaction, or no amount of weight gain would generate this type of reaction

1 [ ] - 6 lb or 3 kg would have generated a marked negative reaction

2 [ ] - 5 lb or 2.5 kg would have generated a marked negative reaction

3 [ ] - 4 lb or 2 kg would have generated a marked negative reaction

4 [ ] - 3 lb or 1.5 kg would have generated a marked negative reaction

5 [ ] - 2 lb or 1 kg would have generated a marked negative reaction

6 [ ] - 1 lb or 0.5 kg (i.e., any weight gain) would have generated a marked negative

reaction

[ ]

### **DISSATISFACTION WITH SHAPE (Shape Concern subscale)**

**\*Over the past four weeks have you been dissatisfied with your overall shape (your figure)? What has this been like?**

**Why have you been dissatisfied with your shape? Have you been so dissatisfied that it has made you unhappy? Could you have felt worse? How long has this feeling lasted?**

[Only rate dissatisfaction with overall shape or figure because it is viewed as too large. This dissatisfaction may include concerns about relative proportions of the body but not dissatisfaction restricted to specific body parts. Do not rate concerns about body tone. Assess the participant's attitude to his or her shape and rate accordingly. In common with all severity items, the rating should generally represent the *mode for the entire month*. Only rate 4, 5, or 6, if there has been associated distress. Do not prompt with the terms "slight", "moderate" or "marked". Reports of disgust or revulsion should be rated 6.]

0 [ ] - No dissatisfaction with shape

1 [ ] -

2 [ ] - Slight dissatisfaction with shape (no associated distress)

3 [ ] -

4 [ ] - Moderate dissatisfaction with shape (some associated distress)

5 [ ] -

6 [ ] - Marked dissatisfaction with shape (extreme concern and distress; shape totally unacceptable)

[ ]

### **PREOCCUPATION WITH SHAPE OR WEIGHT**

**(Shape and Weight Concern subscales)**

**\*Over the past four weeks have you spent much time thinking about your shape or weight?.....**

**\*..... Has thinking about your shape or weight interfered with your ability to concentrate on things that you are actively engaged in, for example, working, following a conversation or reading? What has it affected?**

[This definition of preoccupation requires concentration impairment. Concentration is regarded as impaired if there have been *intrusive thoughts about shape or weight which have interfered with activities one is actively engaged in* rather than one's mind simply drifting off the matter at hand. Rate the number of days on which this has happened, whether or not bulimic episodes occurred.]

0 [ ] - No concentration impairment

1 [ ] - Concentration impairment on 1 to 5 days

2 [ ] - Concentration impairment on less than half the days (6 to 12 days)

3 [ ] - Concentration impairment on half the days (13 to 15 days)

4 [ ] - Concentration impairment on more than half the days (16 to 22 days)

5 [ ] - Concentration impairment almost every day (23 to 27 days)

6 [ ] - Concentration impairment every day

[ ]

## IMPORTANCE OF WEIGHT, SHAPE AND STRICT CONTROL OVER EATING

(Diagnostic items, Weight and Shape Concern subscales)

### Weight

**\*I am now going to ask you a rather complex question - you may not have thought about this before. Over the past four weeks has your weight (the number on the scale) been important in influencing how you feel about (judge, think, evaluate) yourself as a person?**

**.....\*If you imagine the things which influence how you feel about (judge, think, evaluate) yourself - such as (your performance at work, being a parent, your marriage, how you get on with other people) - and put these things in order of importance, where does your weight fit in?**

**(If, over the past four weeks, your weight had changed in any way, would this have affected how you felt about yourself?)**

**(Over the past four weeks has it been important to you that your weight does not change? Have you been making sure that it does not change?)**

### Shape

**\*What about your shape? How has it compared in importance with your weight in influencing how you feel about yourself?**

[NB: Make all the unadjusted "shape" and "weight" ratings at this point.]

### Strict Control over Eating

**\*What about maintaining strict control over your eating? How has it compared in importance with your weight and shape in influencing how you feel about yourself?**

[First gauge the degree of importance the participant has placed on body weight and its position in his or her scheme for self-evaluation. The rating can be made with participants who do not know their exact weight - the importance of their presumed weight can be rated. To make the rating, comparisons need to be made with other aspects of the participant's life which are of importance in his or her scheme for self-evaluation (e.g., quality of relationships, being a parent, performance at work or in leisure activities) including body shape and maintaining strict control over eating. In common with all severity items, the rating should generally represent the *mode for the entire month*.

The three "Importance" items can be difficult to rate. It is best to start by discussing weight and then address shape. At this point ratings of the importance of weight and shape should be made. Then, maintaining strict control over eating should be added to the equation and the importance of all three domains rated (i.e., importance of weight and shape are rated twice).

When starting with weight, it is recommended that the two mandatory probe questions be asked in tandem. Then the interviewer should help the participant formulate his or her answer. After that it is good practice to repeat the two probe questions to ensure that the participant has fully grasped the concept that is being assessed. The questions in brackets should only be asked if the participant is denying that weight is important yet his or her behaviour suggests otherwise. Do not prompt with the terms "some", "moderate" or "supreme".]

0 [ ] - No importance

1 [ ] -

2 [ ] - Some importance (definitely an aspect of self-evaluation)

3 [ ] -

4 [ ] - Moderate importance (definitely one of the main aspects of self-evaluation)

5 [ ] -

6 [ ] - Supreme importance (nothing is more important in the participant's scheme for self-evaluation)

Weight (unadjusted rating) [ ]

Shape (unadjusted rating) [ ]

[Ask about each of the preceding two months. Rate 9 if not asked.]

Weight (unadjusted rating) month 1 [ ]

Shape (unadjusted rating) month 2 [ ]

Shape (unadjusted rating) month 3 [ ]

## FEAR OF WEIGHT GAIN

(Diagnostic item, Shape Concern subscale)

**\*Over the past four weeks have you been afraid that you might gain weight?**

[With participants who have recently gained weight the question may rephrased as "..... have you been afraid that you might gain *more* weight".]

**How afraid have you been?**

[Rate the number of days on which a definite fear (common usage) has been present. Exclude reactions to actual weight gain.]

0 [ ] - No definite fear of weight gain

1 [ ] - Definite fear of weight gain on 1 to 5 days

2 [ ] - Definite fear of weight gain on less than half the days (6 to 12 days)

3 [ ] - Definite fear of weight gain on half the days (13 to 15 days)

4 [ ] - Definite fear of weight gain on more than half the days (16 to 22 days)

5 [ ] - Definite fear of weight gain almost every day (23 to 27 days)

6 [ ] - Definite fear of weight gain every day

[ ]

[With participants whose weight might be viewed as "significantly low" ask about each of the preceding two months. Rate 9 if not asked.]

month 2 [ ] [ ] [ ]

month 3 [ ] [ ] [ ]

**DISCOMFORT SEEING BODY (Shape Concern subscale)**

**\*Over the past four weeks have you felt uncomfortable seeing your body, for example, in the mirror, in shop window reflections, while undressing, or while taking a bath or shower?**

**What have you felt like at these times? Could you have felt worse? Have you avoided seeing your body?**

[Only rate discomfort about overall shape or figure because it is viewed as too large. The discomfort should not stem from sensitivity about specific aspects of appearance (e.g., acne) or from modesty. One index of the severity of such discomfort is whether it has led to avoidance (ask for examples, e.g., when washing). In common with all severity items, the rating should generally represent the *mode for the entire month.* ]

0 [ ] - No discomfort about seeing body

1 [ ] -

2 [ ] - Some discomfort about seeing body

3 [ ] -

4 [ ] - Definite discomfort about seeing body

5 [ ] -

6 [ ] - Extreme discomfort about seeing body (e.g., viewed as loathsome)

[ ]

### **DISCOMFORT ABOUT EXPOSURE (Shape Concern subscale)**

**\*Over the past four weeks have you felt uncomfortable about others seeing your body, for example, in communal changing rooms, when swimming, or when wearing clothes that show your shape? What about your partner or friends seeing your body?**

**What have you felt like at these times? Could you have felt worse?**

**Have you avoided others seeing your body? Have you chosen to wear clothes that disguise your shape?**

[Only rate discomfort arising from concerns about overall shape or figure (because it is viewed as too large). Do not consider discomfort restricted to family members who are aware that the participant has an eating problem. The discomfort should not stem from sensitivity about specific aspects of appearance (e.g., acne) or from modesty. One index of the severity of such discomfort is whether it has led to avoidance (ask for examples, e.g., when dressing). If the possibility of exposure

has not arisen, rate 9. In common with all severity items, the rating should generally represent the *mode for the entire month*. ]

- 0 [ ] - No discomfort about seeing body
- 1 [ ] -
- 2 [ ] - Some discomfort about seeing body
- 3 [ ] -
- 4 [ ] - Definite discomfort about seeing body
- 5 [ ] -
- 6 [ ] - Extreme discomfort about seeing body

[ ]

### **FEELING FAT (Diagnostic item, Shape Concern subscale)**

**\*Over the past four weeks have you "felt fat"?** [With participants who have already acknowledged such feelings, this question may need to be prefaced by an apology.]

[Rate the number of days on which the participant has "felt fat" in general (not with respect to a particular body part) accepting his or her use of this expression. Distinguish "feeling fat" from feeling bloated premenstrually, unless this is experienced as feeling fat.]

- 0 [ ] - Has not felt fat
- 1 [ ] - Has felt fat on 1 to 5 days
- 2 [ ] - Has felt fat on less than half the days (6 to 12 days)
- 3 [ ] - Has felt fat on half the days (13 to 15 days)
- 4 [ ] - Has felt fat on more than half the days (16 to 22 days)
- 5 [ ] - Has felt fat almost every day (23 to 27 days)
- 6 [ ] - Has felt fat every day

[ ]

[With participants whose weight might be viewed as "significantly low" ask about each of the preceding two months. Rate 9 if not asked.]

month 2 [ ] [ ] [ ]

**REGIONAL FATNESS**

**\*Over the past month have you felt that any particular part of your body is too fat?**

[Rate the number of days on which the participant has thought that one or more specific parts of his or her body are definitely too "fat". This does not preclude also thinking that his or her entire body is too "fat".]

- 0 [ ] - No regional fatness
- 1 [ ] - Regional fatness on 1 to 5 days
- 2 [ ] - Regional fatness on less than half the days (6 to 12 days)
- 3 [ ] - Regional fatness on half the days (13 to 15 days)
- 4 [ ] - Regional fatness on more than half the days (16 to 22 days)
- 5 [ ] - Regional fatness almost every day (23 to 27 days)
- 6 [ ] - Regional fatness every day

[ ]

**VIGILANCE ABOUT SHAPE**

**\*Over the past four weeks have you been actively monitoring your shape ..... for example, by scrutinising yourself in the mirror, by measuring or pinching yourself, or by repeatedly checking that certain clothes fit?**

[Rate the number of days on which the participant has *actively monitored* his or her shape with the intention of detecting any changes. The participant should believe that the method used is capable of detecting change.]

- 0 [ ] - No vigilance
- 1 [ ] - Vigilance on 1 to 5 days
- 2 [ ] - Vigilance on less than half the days (6 to 12 days)
- 3 [ ] - Vigilance on half the days (13 to 15 days)
- 4 [ ] - Vigilance on more than half the days (16 to 22 days)
- 5 [ ] - Vigilance almost every day (23 to 27 days)
- 6 [ ] - Vigilance every day



## FLAT STOMACH (Shape Concern subscale)

**\*Over the past four weeks have you had a definite desire to have a completely flat stomach?**

[Rate the number of days on which the participant has had a definite desire to have a flat or concave stomach. Demonstrate by holding a pen vertically. Participants who already have a flat stomach can be rated, whereas the desire to have a "flatter" (i.e., less protruding) stomach should not be rated.]

- 0 [ ] - No definite desire to have a flat stomach
- 1 [ ] - Definite desire to have a flat stomach on 1 to 5 days
- 2 [ ] - Definite desire to have a flat stomach on less than half the days (6 to 12 days)
- 3 [ ] - Definite desire to have a flat stomach on half the days (13 to 15 days)
- 4 [ ] - Definite desire to have a flat stomach on more than half the days (16 to 22 days)
- 5 [ ] - Definite desire to have a flat stomach almost every day (23 to 27 days)
- 6 [ ] - Definite desire to have a flat stomach every day

## BODY COMPOSITION

**\*Over the past four weeks have you thought about the actual composition of your body ..... the percentage of fat as compared with muscle ..... the way you are under the skin?**

**How concerned have you been about the composition of your body?**

[Rate the strength of the participant's concern about the proportion of fat in his or her body. *Do not rate concern about "being fat" or concerns about particular parts of the body.* Do not prompt with the terms 'slight', 'moderate' or 'marked'. In common with all severity items, the rating should generally represent the *mode for the entire month.*]

- 0 [ ] - No concern about body composition
- 1 [ ] -
- 2 [ ] - Slight concern about body composition (aware of the notion, but it is not of personal importance to the participant)
- 3 [ ] -

4 [ ] - Moderate concern about body composition (clearly interested in composition of body and regularly thinks about it)

5 [ ] -

6 [ ] - Marked concern about body composition (extreme interest in actual make-up of body and frequently thinks about it)

[ ]

### **WEIGHT AND HEIGHT (Diagnostic item)**

[The participant's weight and height should be measured.]

Weight in kg [ ][ ][ ]

Height in cm [ ][ ][ ]

### **MAINTAINED LOW WEIGHT (Diagnostic item)**

[Rate for participants whose weight might be viewed as "significantly low". If in doubt, make this rating.]

**Over the past three months have you been trying to lose weight?**

If no: **Have you been trying to make sure that you do not gain weight?**

[Rate presence of attempts either to lose weight or to avoid weight gain. Rate 9 if not asked.]

0 [ ] - No attempts either to lose weight or to avoid weight gain over the past three months

1 [ ] - Attempts either to lose weight or to avoid weight gain over the past three months for reasons concerning shape or weight

2 [ ] - Attempts either to lose weight or to avoid weight gain over the past three months for other reasons

[ ]

[ ]

### **END OF THE EDE INTERVIEW**

**Scoring:** The EDE, and its self-reported versions, EDE-Q, generate two types of data. First they provide frequency data on key behavioral features of eating disorders in terms of number of episodes of the behavior and in some instances number of days on which the behavior has occurred. Second, they provide subscales scores reflecting the severity of aspects of the psychopathology of eating

disorders. The subscales are Restraint, Eating Concern, Shape Concern and Weight Concern. To obtain a particular subscale score, the ratings for the relevant items (listed below) are added together and the sum divided by the total number of items forming the subscales. If ratings are only available on some items, a score may nevertheless be obtained by dividing the resulting total by the number of rated items so long as more than half the items have been rated. To obtain an overall or "global" score, the four subscales scores are summed and the resulting total divided by the number of subscales (i.e. four). Subscales score are reported as means and standard deviations.

### **Subscale Items**

#### *Restraint*

- 1 Restraint over eating
- 2 Avoidance of eating
- 3 Food avoidance
- 4 Dietary Rules
- 5 Empty stomach

#### *Eating Concern*

- 7 Preoccupation with food, eating or calories
- 9 Fear of losing control over eating
- 19 Eating in secret
- 21 Social eating
- 20 Guilt about eating

#### *Shape Concern*

- 6 Flat stomach
- 8 Preoccupation with shape or weight
- 23 Importance of shape
- 10 Fear of weight gain
- 26 Dissatisfaction with shape
- 27 Discomfort seeing body

28 Avoidance of exposure

11 Feelings of fatness

*Weight Concern*

22 Importance of weight

24 Reaction to prescribed weighing

8 Preoccupation with shape or weight

25 Dissatisfaction with weight

12 Desire to lose weight

Protocol source: <https://www.phenxtoolkit.org/protocols/view/230102>